					VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	_
	ARTN			PUB B	Registration District No	
DO NOT WRITE ON THIS STUB		AMEN	DED	_[1	FILED CED 4 1000	
VS 300	lo	1 1	1	ľ	a. COUNTY D. A. STATE b. COUNTY D. COUNTY D. A. STATE b. COUNTY D. COUNTY D. A. STATE b. COUNTY D. A. STATE b. COUNTY D. COUNTY	
Rev. 4/59	ENDED				b. CITY (If outside corporate limits, give TQWNSHIP only) Length of stay in 1b	
·	A P	1 1	Ì		OR OR	
10100	AM				c. FULL NAME OF (If NOT in hospital, give location) Inside Limits II d. STREFT (If cutside, give location) Reside of	
20109	2 P				HOSPITAL OR ROLLS 2 Yes NOW ADDRESS HICKS DR. Yes	No []
3		11	_		3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Y (Type or print) OF	rear .
			İ		GUSSIE MCDOWELL DEATH JAN. 30, 19	65
<u>43</u>					Middlewood Ed Diversed E O t 0 1 0 00 / 5 Months Days Hours	Min.
5 2					Ida. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	IINTOV
6	εl	11	1		during most of working life, even if retired)	PINIKI
7.0	δ				136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
70	인민				JHON BROWM MANNIE NELSON SONEY MCDOWEL	4
8 A I	S	11			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address	
~~~ I					(Yes, no, or unknown): (If yes, give war or dates of service NO ARENIA GRIFFIN COLUMBIA N	10.
10	ARE			ž	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  INTERVAL BE ONSET AND	TWEEN
1	윉			₩	IMMEDIATE CAUSE (a) Helle Mellelle ono de	up
	വ് വ	11		DOCUMENT	$\int_{0}^{\infty} T^{i} dt = \frac{1}{2}$	/
124/7-1	TEA RE			ă	Conditions, if any, which gave rise to	<u>'au</u>
	NST.				above cause (a), stating the under-	
\-\ <u>\-</u> \	<u> </u>				lying cause last. DUE TO (c) White the state of the state	wo
	Ö			ľ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).  PART III. If deceased was fem there a pregnancy in last	ala was 90 days.
	ž				Si General Pareses 10 Yes X No 10	Unknown
[	AMENDMENTS			ı	19. WAS AUTOPSY 208. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18 PERFORMED? YES NO	1.)
	읽	] ]				<del></del>
Z	₹				20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
RIBBON	`			.		TATE
	-			l	WHILE AT WORK  farm, factory, street, office bidg., etc.)	
USE BLACK OR TYPEWRITER R	READ	11		1	21. I attended the deceased from 12 Junuary 65 to 17 June 65 and last saw her him alive on 17 June 65	
# E				1	21. I attended the deceased from 1 200 A 101 m on the date stated above, and to the best of my knowledge, from the causes stated	 d.
USE	SHOULD				22a. SIGNATURE (Degree or title) 22b. ADDRESS / 204 F. Broadway 22c. DATE	
⊃ ĕ	浧	] ]		P.	( of coll toone M) ( offender m)	112
-	ļ''	┼-┼-	+-	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	<u>199</u>
1	ģ			FID.	REMOVAL (Specify)	<b>)</b> .
	8			ΑF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
Ì	빌	11		β	my stunt Parker Columbia no. 3061, 1965 mrs RE. Palmer	
	'		•	•	(Licensed Embalmer's Statement on Reverse Side)	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	orded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	1 001
Student	Signed Handle onen St
Signature of Student Embalmer .	Licensed Embalmer No. 5283
	Licensed Embalmer No. 5283 P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- "If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.